

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) BEST AVAILABLE COPY	
2/02/04 W/KLE CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					
2		1		1				
3		1		1				
4		3		3				
5		3		3				
6		3		3				
7		①		①				
8		①		1				
9		①		1				
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TOTAL IND.	1		1					
TOTAL DEP.	16		16					
TOTAL CLAIMS	17		17					
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